

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
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37		1				
38	1					
39		1				
40						
41	1	1				
42	1					
43	3					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	16					
TOTAL DEP.	34					
TOTAL CLAIMS	50					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						